## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000071448

Title:

Name:

Address:

City-St-Zip:

STD

GINSON, DAVID

300 LOCKHART MILL RD.

() Delete

WOODSTOCK, NEW BRUNSWICK,

Entity Name: CENTRAL HOLDINGS, INC.

FILED Apr 28, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 300 LOCKHART MILL RD 300 LOCKHART MILL RD WOODSTOCK, NEW BRUNSWICK E7M 5C3 WOODSTOCK CANADA, NEW BRUNSWICK, NB E7M 5C3 CA **Current Mailing Address: New Mailing Address:** 300 LOCKHART MILL RD WOODSTOCK NEW BRUNSWICK, NB E7M- C3 CA FEI Number: 59-3212896 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARRETT, MALCOLM 1308 WINTER SPRINGS BOULEVARD TUSCAWILLA, FL 32708 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BARRETT, EDWARD Name: Name: 300 LOCKHART MILL RD. Address: Address: City-St-Zip: WOODSTOCK, NEW BRUNSWICK, City-St-Zip: Title: Title: () Delete () Change () Addition Name: BARRETT, MALCOLM Name: 300 LOCKHART MILL RD. Address: Address: WOODSTOCK, NEW BRUNSWICK. City-St-Zip: City-St-Zip: ( ) Delete Title: Title: VD () Change () Addition BARRETT, WILLIAM Name: Name: 300 LOCKHART MILL RD. Address: Address: City-St-Zip: WOODSTOCK NEW BRUNSWICK, City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MALCOLM BARRETT PD 04/28/2005

() Change () Addition